



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
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www.publichealth.lacounty.gov



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July 10, 2008

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JE Fielding*
Director and Health Officer

SUBJECT: **ANNUAL INSPECTION OF DETENTION FACILITIES**

Pursuant to the provisions of Section 101045 of the California Health and Safety Code, this Department has completed the annual inspection of the Detention Facilities operated by the Los Angeles County Sheriff. The inspection reports are attached for your review.

These facilities were inspected for compliance with sanitation, and medical standards. The inspection findings have been reviewed and discussed with responsible deputies, the officer in charge of the detention facility, and the Director of Medical Services Bureau, Sheriff's Department. Copies of the reports were provided to the Chief Administrative Office; Barry King, Chief, Custody Division of the Sheriff's Department; and the State of California, Board of Corrections for their review.

The reports reflect recurring or continuing problems common in detention facilities. While these inspections are mandated by State Law, the Health Officer's role is advisory.

If you have any questions or need additional information, please let me know.

JEF:mgc

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Sheriff

SHERIFF STATION

Altadena Sheriff Station
780 East Altadena Drive
Altadena, CA 91001

Lakewood Sheriff Station
5130 Clark Avenue
Lakewood, CA 90712

Pico Rivera Sheriff Station
6631 Passons Boulevard
Pico Rivera, CA 90660

Avalon Sheriff Station
215 Sumner Avenue
Avalon, CA 90704

Lancaster Sheriff Station
501 West Lancaster Boulevard
Lancaster, CA 93534

San Dimas Sheriff Station
122 North San Dimas Avenue
San Dimas, CA 91773

Carson Sheriff Station
21356 South Avalon Boulevard
Carson, CA 90745

Lennox Sheriff Station
4331 Lennox Boulevard
Lennox, CA 90304

Santa Clarita Sheriff Station
23740 Magic Mountain Parkway
Santa Clarita, CA 91355

Century Lynwood Sheriff Station
11703 South Alameda Street
Lynwood, CA 90262

Lomita Sheriff Station
26123 Narbonne Avenue
Lomita, CA 90717

Temple City Sheriff Station
8838 East Las Tunas Drive
Temple City, CA 91780

Cerritos Sheriff Station
18135 Bloomfield Avenue
Cerritos, CA 90701

Malibu/Lost Hills Sheriff Station
27050 Agoura Hills Road
Agoura Hills, CA 91301

Walnut Sheriff Station
21695 East Valley Boulevard
Walnut, CA 91789

City of Industry Sheriff Station
150 North Hudson Avenue
City of Industry, CA 91744

Marina Del Rey Sheriff Station
13851 Fiji Way
Marina Del Rey, CA 90291

West Hollywood Sheriff Station
720 North San Vicente Boulevard
West Hollywood, CA 90069

Crescenta Valley Sheriff Station
4554 North Briggs Avenue
La Crescenta, CA 91214

Norwalk Sheriff Station
12335 Civic Center Drive
Norwalk, CA 90650

East Los Angeles Sheriff Station
5019 East 3rd Street
East Los Angeles, CA 90022

Palmdale Sheriff Station
750 East Avenue Q
Palmdale, CA 93535

CUSTODY DIVISION

Century Regional Detention Fac.
11705 Alameda Street
Lynwood, CA 90262

North County Correctional Facility
29340 The Old Road
Saugus, CA 91384-2905

Pitchess Detention Center Ranch
29310 The Old Road
Saugus, CA 91350

Inmate Reception Center
450 Bauchet Street
Los Angeles, CA 90012

Pitchess Detention Center East
29340 The Old Road
Saugus, CA 91384-2905

Twin Tower I
450 Bauchet Street
Los Angeles, CA 90012

Men's Central Jail
441 Bauchet Street
Los Angeles, CA 90012

Pitchess Detention Center North
29300 The Old Road
Saugus, CA 91384-2905

Twin Tower II
450 Bauchet Street
Los Angeles, CA 90012

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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CSA #: _____

FACILITY NAME: PALMDALE SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 750 EAST AVENUE Q PALMDALE, CA 93535 (661) 272-2400				
		#257712 24:93		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 30, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): RANDY HEBERLE, ADMINISTRATIVE JAILER E MAIL: rheberle@lasd.org 661) 272-2501 (661) 272-2400				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 15, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SR. BONUS DEPUTY RANDY HEBERLE (661) 272-2400				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: LANCASTER SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 501 WEST LANCASTER BOULEVARD LANCASTER, CALIFORNIA 93534 (661) 948-8466			
		#254246 24.93 78	
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III: TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 30, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): ELIZABETH YATES JAILER, SGT DAVID GRALL , dmgrall@lasd.org CRISIY MALONEY, LAT, kemalonyv@lasd.org (661) 940-3831 (661) 948-8466 X4062, 3			
NUTRITIONAL EVALUATION		DATE INSPECTED: _____	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 15, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): ELIZABETH YATES CUSTODY ASSISTANT (661) 948-8466			

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ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: CENTURY LYNWOOD SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 11703 SOUTH ALAMEDA STREET LYNWOOD, CALIFORNIA 90262 (323) 357-5100 <div style="float: right; text-align: right;"> #257706 24:93 16 </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: JUNE 27, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SR. DEPUTY JAMES MURPHY, E MAIL: jmmurphy@lasd.org (323) 568-4510				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: APRIL 24, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): TERRANCE McCARTY LIEUTENANT (323) 357-5100				

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ADULT TYPE I, II, III and IV FACILITIES
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BOC#: _____

FACILITY NAME: WEST HOLLYWOOD SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 720 NORTH SAN VICENTE BOULEVARD WEST HOLLYWOOD, CALIFORNIA 90069 (310) 855-8850				
		#254267	24:93	7
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: JULY 19, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT. DYER, E MAIL: djdver@lasd.org LAVERN COCKERHAN, JAILER (310) 855-8850 EXT 435				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 2, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): JEFFRIES CUSTODY ASSISTANT (310) 855-8850				

ADULT TYE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: LOMITA SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 26123 NARBONNE AVENUE LOMITA, CALIFORNIA 90717 (310) 539-1661			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:
		TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: JULY 23, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): L.T. GREG AHN, E Mail: gdahn@lasd.org ACTING JAILER, BEN CARIAGA, ADMIN. JAILER; E MAIL: BCariag@lasd.org, and JAILER MARTINEZ-PARRA, E Mail: mlmartin@lasd.org (310) 539-1661			
NUTRITIONAL EVALUATION		DATE INSPECTED: _____	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 1, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): CARR CUSTODY ASSISTANT (310) 539-1661			

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ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: WALNUT SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 21695 EAST VALLEY BOULEVARD WALNUT, CALIFORNIA 91789 (909) 595-2264				
		#254266 24:93 31		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: JULY 26, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: sckirk@ph.lacountv.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): OMAR HOPKINS ADMIN. JAILER e mail: obhopkin@lasd.org				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 9, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): FACILITY ADMINISTRATOR (909) 595-2264				

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ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: SAN DIMAS SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 270 S WALNUT AVENUE SAN DIMAS, CALIFORNIA 91773 (909) 599-1261				
		#254264 24:93 35		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: JULY 26, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): CUSTODY ASSISTANT JOHNETT WILLIAMS PAULA ORNELAS CAHHL E Mail: pmornela@lasd.org and jwillia@lasd.org (909) 599-1261				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: JANUARY 11, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): RICK CASTRO CUSTODY ASSISTANT (909) 599-1261				

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ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: TEMPLE CITY SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 8838 EAST LAS TUNAS DRIVE TEMPLE CITY, CALIFORNIA 91780 (626) 285-7171				
		#254265 24.93 21		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 1, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacountv.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lt. Michael O'Shea; E MAIL: maoshea@lasd.org Watch commander: LEE; Administrative jailer: Letia Martina-Vargas; e mail: L3martin@lasd.org Jailer John Gaw, (626) 292-3319				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: APRIL 3, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): MS. WILLIAMS CUSTODY ASSISTANT (626) 295-3319				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: EAST LOS ANGELES SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 5019 EAST 3RD STREET EAST LOS ANGELES, CALIFORNIA 90022 (323) 264-4151				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:
			TYPE IV:	
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: AUGUST 9, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT. OSCAR GALLARDO, E MAIL: ogallar@lasd.org LT. NICK TIPPIN, intippin@lasd.org (323) 264-4151 FAX:(323) 267-0637				
NUTRITIONAL EVALUATION			DATE INSPECTED: _____	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: APRIL 11, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LIZA CERVANTES CUSTODY ASSISTANT (323) 264-4151				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: LENNOX SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 4331 LENNOX BOULEVARD LENNOX, CALIFORNIA 90304 (310) 671-7531				
#254255 24:99 16				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 13, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): KEVIN GORAN, CAPTAIN CHELICA WALLACE, STATION JAILER (310) 671-7531, djvalenc@lasd.org				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: MAY 2, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): MICHAEL ROBERTS CUSTODY ASSISTANT (310) 671-7531				

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BOC #: _____

FACILITY NAME: ALTADENA SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 780 EAST ALTADENA DRIVE ALTADENA, CALIFORNIA 91001 (626) 798-1131			
		#254245 24.93 22	
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
TYPE IV:			
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 14, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacountv.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): PATRICIA SIDROW CUSTODY ASSISTANT, E MAIL: pasidrow@lasd.org (626) 798-1131			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: APRIL 4, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): DEP. GABRIEL (626) 798-1131 X2108			

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: PICO RIVERA SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 6631 PASSONS BOULEVARD PICO RIVERA, CALIFORNIA 90660 (562) 949-2421				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:
				TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: AUGUST 15, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: sckirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): CUSTODY ASSISTANT MICHAEL WALTERS, LT DAVID BOBIER, E MAIL: dababier@lasd.org ; E MAIL ROBERT HORAN, ADMIN. JAILER E MAIL: rghoran@lasd.org (562) 949-2421 SGT. DELLA WALLS, E MAIL: diwalls@lasd.org				
NUTRITIONAL EVALUATION			DATE INSPECTED: _____	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: MAY 9, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): CUSTODY ASST. - HORAN CUSTODY ASST. - MIKE WALTERS (562) 949-2421				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: SANTA CLARITA SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 23740 MAGIC MOUNTAIN PARKWAY SANTA CLARITA, CALIFORNIA 91355 (661) 255-1121				
		#254263	24:93	33
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 20, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): MS. STEPHANIE HOBBS, E MAIL: sahobbs@lasd.org CUSTODY ASST: E MAIL: saluna@lasd.org , James Blankenship, LET: jdblank@lasd.org (661) 799-5123				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: APRIL 11, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): STEPHANIE HOBBS CUSTODY ASSISTANT (661) 255-1121				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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CSA #: _____

FACILITY NAME: MALIBU/LOST HILLS SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 27050 AGOURA ROAD CALABASAS, CALIFORNIA 91301 (818) 878-1808				
		#254257 24:93 33		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 20, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): JAIL LT. SCOTT CHEW; E MAIL: sgchew@lasd.org , SGT. JANICE BENNING, E MAIL: jcbennin@lasd.org CUMMINGS, CUSTODY ASSISTANT sacummin@lasd.org (818) 878-1808 EXT 3020, 3021 email report, CAPTAIN MARTIN E MAIL: TGMartin@lasd.org				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: APRIL 24, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): VAN LEER, CUSTODY ASSIST. (818) 878-1808				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: NORWALK SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 12335 CIVIC CENTER DRIVE NORWALK, CALIFORNIA 90650 (562) 863-8711				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:
			TYPE IV:	
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: AUGUST 21, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): M. SOLOVAY, JAILER; CUSTODY ASSISTANT F. LEAL; ADMIN. JAILER; E MAIL: Fleal@lasd.org ; JAIL LT. LOUIS DURAN; E MAIL: lduran@lasd.org SGT. KIM GUERRERO, e mail: kguerre@lasd.org (562) 863-8711				
NUTRITIONAL EVALUATION			DATE INSPECTED: _____	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: SEPTEMBER 4, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): TARA HARDEN CUSTODY ASSISTANT (562) 863-8711				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: CITY OF INDUSTRY SHERIFF STATION		COUNTY: LOS ANGELES			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 150 NORTH HUDSON AVENUE CITY OF INDUSTRY, CALIFORNIA 91744 (626) 330-3322					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: AUGUST 21, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: seckirk@ph.lacounty.gov					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NADINE ATKINS, Custody Assistant (626) 330-3322. Peter Ramirez, CUSTODY ASSISTANT; E MAIL: paramire@lasd.org LT. VICTOR SOTELO; E MAIL: vosotelo@lasd.org					
NUTRITIONAL EVALUATION			DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: MAY 9, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): PETE RAMIREZ CUSTODY ASSISTANT (626) 330-3322					

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: CERRITOS SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 18135 BLOOMFIELD AVENUE #257701 CERRITOS, CALIFORNIA 90701 24:93 (562) 860-0044 25				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 22, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: sekirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): ROBERT GUILBAULT, E MAIL rvguilba@lasd.org E mail report to: DORLETTE STOKES, ADMINISTRATIVE JAILER E MAIL: dastokes@lasd.org (562) 860-0044				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: APRIL 23, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): DORLETTE STOKES ADMINISTRATIVE JAILER; E MAIL: dstokes@lasd.org (562) 860-0044				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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BOC #: _____

FACILITY NAME:		COUNTY:		
PETER J. PITCHESS - RANCH FACILITY		LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):				
23910 THE OLD ROAD CASTAIC, CALIFORNIA 91350 (661) 295-8024 #254275 24.95 41				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III: X	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 27, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): JUAN GARCIA, ACTING CHIEF COOK E MAIL: juangarcia@lasd.org FAX: 661-294-8340 (661) 295-8012				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: _____		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO MEDICAL SERVICE IN THIS FACILITY.				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: PITCHESS DETENTION CENTER NORTH		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 29300 THE OLD ROAD SAUGUS, CALIFORNIA 91384-2905 (661) 295-8840			
		#254273 24.95 41	
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III: TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: AUGUST 28, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): STEPHEN BASSO, SENIOR DEPUTY sjbasso@lasd.org (661) 295-8840			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: JULY 3, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): JOEL KELLOG, NURSE MANAGER GENE ECKHADT, R.N., NURSE SUPERVISOR (661) 257-8840			

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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CSA #: _____

FACILITY NAME: PITCHESS DETENTION CENTER EAST		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 29340 THE OLD ROAD SAUGUS, CALIFORNIA 91384-2905 (661) 295-8812				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:
				TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: AUGUST 28, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. CARLOS MARQUEZ, E MAIL: camarque@lasd.org SGT. KALLEN, E MAIL: mdkallen@lasd.org (661) 295-8812, 8813				
NUTRITIONAL EVALUATION			DATE INSPECTED: _____	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: JULY 3, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): JOELL KELLOG, NURSE MANAGER MRS. PANGILINAN, NURSING SUPERVISOR (661) 295-7851				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: CRESCENTA SHERIFF STATION		COUNTY: LOS ANGELES			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 4554 NORTH BRIGGS AVENUE LA CRESCENTA, CALIFORNIA 91214 (818) 248-3464					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: SEPTEMBER 4, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT. ERIC WALKER JAIL ADMINISTRATOR ewalker@lasd.org (818) 248-3464					
NUTRITIONAL EVALUATION			DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: APRIL 11, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. LOPEZ; SGT. WALKER SGT. PALOMO; CA JOSEPH NARCISO (818) 248-3464					

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
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BOC #: _____

FACILITY NAME: CENTURY REGIONAL DETENTION FACILITY		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 11705 ALAMEDA STREET LYNWOOD, CALIFORNIA 90262 (323) 357-5131				
		#257707 24:95 26		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III: X	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: SEPTEMBER 10, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT DURAN JIMMY LEDESMA, ACTING MANAGER E Mail: jbledesm@lasd.org (323) 568-4500				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: DECEMBER 20 & 28, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): MS. BARBARA MARSHALL CND (323) 357-5162				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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BOC #: _____

FACILITY NAME: MARINA DEL REY SHERIFF STATION		COUNTY: LOS ANGELES			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 13851 FLJI WAY MARINA DEL REY, CALIFORNIA 90292 (310) 823-7762					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: SEPTEMBER 12, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9 TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): DEBRA MILLER, JAILER JAVIER MALDONADO, JAILER; SEND REPORT TO: ROCHELLE GORAN, ADMINISTRATIVE JAILER, E MAIL: rgoran@lasd.org ; (310) 823-7762					
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: MAY 2, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): ROCHELLE GORAN CUSTODY ASSISTANT (310) 823-7762					

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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CSA #: _____

FACILITY NAME: LAKEWOOD SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 5130 CLARK AVENUE LAKEWOOD, CALIFORNIA 90712 (562) 866-9061				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: SEPTEMBER 17, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT. WALDEN, ylwalden@lasd.org CUSTODY ASSISTANT KAREN JOHNSON, E MAIL: kmjohnso@lasd.org , DEPUTY GEOFFREY VAUGHN, ADMINISTRATIVE JAILER, E MAIL: gevaughn@lasd.org (562) 866-9061 ext 4230				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: SEPTEMBER 4, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): DEPUTY VAUGHN (562) 866-9061				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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CSA #: _____

FACILITY NAME: CARSON SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 21356 SOUTH AVALON BOULEVARD CARSON, CALIFORNIA 90745 (310) 830-1123 <div style="text-align: right; float: right;">#254248 24:93 18</div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: OCTOBER 1, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): E MAIL REPORT TO: CAPTAIN TODD S. ROGERS, E MAIL: tsrogers@lasd.org LIEUTENANT TIMOTHY PERKINS; E MAIL: tperkins@lasd.org JAILER SERENA (310) 830-1123, FAX (310) 522-0118 or (323) 415-6552				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: JULY 26, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SERCENA CUSTODY ASSISTANT (310) 830-1123				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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BOC #: _____

FACILITY NAME: MEN'S CENTRAL JAIL		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 441 BAUCHET STREET LOS ANGELES, CALIFORNIA 90012 (213) 974-4911				
#254276		24:95 8		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: OCTOBER 3, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): FACILITY ADMINISTRATOR erbrowker@lasd.org and trhorn@lasd.org (213) 974-0131				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: SEPTEMBER 19 & 20, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): JAIME BUENAVENTURA, NURSE MANAGER WILSON UY, NURSING SUPERVISOR (213) 974-0130				

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

BOC #: _____

FACILITY NAME: AVALON SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 215 SUMNER AVENUE AVALON, CALIFORNIA 90704 (310) 510-0174 <div style="float: right; text-align: right;"> #254247 24.93 Long Beach (18) </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: OCTOBER 4, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): DEPUTY DEANA AUSTIN, E MAIL: d1austin@lasd.org SGT. BRAD BRODY, E MAIL: babrody@lasd.org (310) 510-0174				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: DECEMBER 5, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): FACILITY ADMINISTRATOR (310) 510-0174				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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BOC #: _____

FACILITY NAME: TWIN TOWER II		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 450 BAUCHET STREET LOS ANGELES, CALIFORNIA 90012 (213) 893-5163				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:
				TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: OCTOBER 9, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. OGLESBY, E MAIL: dcoglesby@lasd.org RICARDO AMARILLA, COMPLEX MANAGER II, E MAIL: raamaril@lasd.org (213) 893-5163				
NUTRITIONAL EVALUATION			DATE INSPECTED: _____	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: SEPTEMBER 12, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): RUTH ADU NURSE MANAGER (213) 893-5163				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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CSA #: _____

FACILITY NAME: NORTH COUNTY CORRECTIONAL FACILITY		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 29340 THE OLD ROAD SAUGUS, CALIFORNIA 91384-2905 (661) 295-7969 </div> <div style="text-align: right;"> #254279 24:95 41 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: OCTOBER 15, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: sckirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): MIKE MCDONALD, FOOD SERVICE MANAGER, E MAIL MPMCDONA@LASD.ORG MP E MAIL: Sgt. RIVER TERISA RIVER, (661) 295-7810 E MAIL: TMRiver@lasd.org , CAPT. GREGORY H. JOHNSON, E MAIL: jhjohnso@lasd.org, (661) 295-7969 295-7851(kitchen manager's office)				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: DECEMBER 17, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): FACILITY ADMINISTRATOR (661) 295-7969				

ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
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CSA #: _____

FACILITY NAME: INMATE RECEPTION CENTER		COUNTY: LOS ANGELES
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 450 BAUCHET STREET LOS ANGELES, CALIFORNIA 90012 (213) 893-5165		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		COURT HOLDING FACILITY: TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: NOVEMBER 15, 2007	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: skirk@ph.lacounty.gov		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): RAY A COOPWOOD, DEPUTY SHERIFF B-1; E MAIL: racoopwo@lasd.org HOWARD BALDWIN, E MAIL: hwbaldwi@lasd.org (213) 893-5275		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: OCTOBER 2, 2007	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): FACILITY ADMINISTRATOR (213) 893-5165		

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
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BOC #: _____

FACILITY NAME: TWIN TOWER I		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 450 BAUCHET STREET LOS ANGELES, CALIFORNIA 90012 (213) 893-5030 <div style="float: right;">#257709 24:95 8</div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: NOVEMBER 19, 2007		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SCOTT KIRK, R.E.H.S., M.S. SENIOR ENVIRONMENTAL HEALTH OFFICER 3530 WILSHIRE BOULEVARD, 9TH FLOOR, LOS ANGELES, CALIFORNIA 90010 PH: (213) 351-7365 FX: (213) 351-2785 Email: sckirk@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): CAPT. DAVID WATERS, E MAIL: Dwaters@lasd.org MARTIN A RODRIGUEZ, FOOD SERVICES MANAGER, M3rodrig@lasd.org SR.BONUS DEPUTY, KITCHEN: VACHEL A. BROWN, E MAIL: v1brown@lasd.org KITCHEN LT.DENISE OGLESBY, dcoglesb@lasd.org				
NUTRITIONAL EVALUATION		DATE INSPECTED: _____		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): 5050 COMMERCE DRIVE, BALDWIN PARK, CALIFORNIA 91706-1423 PH: (626) 430-5590 FX: (626) 813-3017				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): NO NUTRITIONAL REPORT FOR THE YEAR 2007				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: SEPTEMBER 11, 2007		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): DOLORES TARIN, R.N., P.H.N., M.S. MEDICAL PROGRAM CONSULTANT 6851 LENNOX AVENUE, VAN NUYS, CALIFORNIA 91405 PH: (818) 902-2448 FX: (818) 902-4458				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): RUTH ADU NURSE MANAGER (213) 893-5163				

This checklist is to be completed pursuant to the attached instructions.